

# Comparing oral and intravenous paracetamol plasma levels when given as pre-medication for peri-operative analgesia

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<b>Registration date</b> 28/11/2006	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 04/03/2013	<b>Condition category</b> Surgery	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Dr Kathryn Holder

**Contact details**  
Consultant Anaesthetist  
c/o Anaesthetic Department  
Southmead Hospital  
Bristol  
United Kingdom  
BS10 5NB  
+44 (0) 117 950 5050 ext 5114  
Kathryn.Holder@nbt.nhs.uk

## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

# Study information

## Scientific Title

### Acronym

Paracetamol

### Study objectives

The hypothesis is that in the peri-operative setting gastric emptying is delayed and that the absorption of oral paracetamol preparation is therefore unreliable. It might be more appropriate to use the intravenous route and if so will become apparent during the study.

The aim of this research study is to compare plasma levels of the intravenous and oral paracetamol preparations when used as pre-emptive analgesia. We wish to establish whether the intravenous preparation, the oral preparation or both achieve therapeutic plasma levels intra-operatively. Use of paracetamol as a pre-emptive analgesia is well established in previous studies, which have shown that pre-emptive analgesia reduces post-operative pain more than when analgesia is used solely post-operatively and others have shown that peri-operative use of paracetamol also reduces opioid use.

Therefore, is intravenous paracetamol more effective than the oral preparation when given as a pre-medication?

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Not provided at time of registration.

### Study design

Randomised controlled trial

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Hospital

### Study type(s)

Treatment

### Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

**Health condition(s) or problem(s) studied**

Peri-operative analgesia

**Interventions**

Group A: Intravenous injection equivalent to one gram paracetamol given by the researchers immediately prior to induction of anaesthesia in theatre.

Group B: One gram oral paracetamol prescribed on the ward and given by the nursing staff or researchers one to two hours before induction of anaesthesia.

**Intervention Type**

Drug

**Phase**

Not Specified

**Drug/device/biological/vaccine name(s)**

Paracetamol

**Primary outcome measure**

Therapeutic plasma level of paracetamol (when the plasma level is 10 - 20 mg/l [the test will be at 30 minutes post induction of anaesthesia])

**Secondary outcome measures**

Non-therapeutic plasma level of paracetamol

**Overall study start date**

01/08/2006

**Completion date**

01/08/2007

**Eligibility****Key inclusion criteria**

1. Assessment of fitness as indicated by the American Society of Anesthesiologists (ASA) grades I and II
2. Age group 16 to 75 years
3. All patients listed for elective surgery by Mr P Robinson on a Thursday for Ear, Nose & Throat surgery

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

104 (52 in each group)

### **Key exclusion criteria**

1. Patients refusing to participate in study
2. Patient unable to take an oral preparation
3. Cases shorter than one hour
4. Patients already taking a paracetamol containing drug combination, or have taken in the last 12 hours
5. Patients with a history of paracetamol allergy, hypersensitivity or previous reaction/serious adverse reaction
6. Children under the age of 16
7. Patients unable to understand or give consent to participation in the study; incapable adults, psychiatric/medical disorder able to modify patient compliance
8. Pregnant or breastfeeding
9. History of complete non-responsiveness to acetaminophen
10. Pancreatic disease in the previous 12 months
11. Impaired liver/kidney function
12. Patients that might pose an infection risk to staff due to blood products

### **Date of first enrolment**

01/08/2006

### **Date of final enrolment**

01/08/2007

## **Locations**

### **Countries of recruitment**

England

United Kingdom

### **Study participating centre**

Consultant Anaesthetist

Bristol

United Kingdom

BS10 5NB

## **Sponsor information**

### **Organisation**

North Bristol NHS Trust (UK)

### **Sponsor details**

Nicola Coe

c/o Research & Development

Southmead Hospital  
Westbury-on-Trym  
Bristol  
England  
United Kingdom  
BS10 5NB  
+44 (0) 117 959 5386/6192  
Nicola.Coe@nbt.nhs.uk

**Sponsor type**

Hospital/treatment centre

**Website**

<http://www.nbt.nhs.uk/>

**ROR**

<https://ror.org/036x6gt55>

## Funder(s)

**Funder type**

Government

**Funder Name**

North Bristol NHS Trust (UK)

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/03/2011		Yes	No